

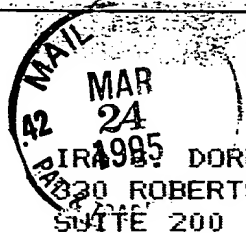
EJR

G. Poindexter

PART B—ISSUE FEE TRANSMITTAL

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MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
 <p>25M1/0124</p>		INVENTOR'S NAME	
		Street Address	
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		CO-INVENTOR'S NAME	
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<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FLING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/201,814	02/25/94	011	NELMS, D	2509 01/24/95
First Named Applicant: CARANGELO, ROBERT M.				

TITLE OF INVENTION: FOLDED-PATH OPTICAL ANALYSIS GAS CELL

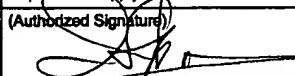
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 OLT4	250-573.000	I21	UTILITY	YES	\$605.00	04/24/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	<p>1. TRA S. DORMAN</p> <p>2. _____</p> <p>3. _____</p>

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060 ZR 05/10/95 08201814 1 242 405.00 CK
 060 ZR 05/10/95 08201814 1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: ON-LINE TECHNOLOGIES, INC.		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10	
(2) ADDRESS: (CITY & STATE OR COUNTRY) EAST HARTFORD CONNECTICUT		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER _____ (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies in Enclosed Fees _____	
<p>A. <input type="checkbox"/> This application is NOT assigned.</p> <p><input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.</p> <p><input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.</p> <p>PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</p>		<p>The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.</p> <p>(Authorized Signature)  (Date) 4/20/95</p>	

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4/20/95
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